



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 09/481,207	FILING DATE 01/11/2000 RULE -	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 40015630-003
APPLICANTS JEFFREY OWEN PHILLIPS, ASHLAND, MO ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/183,422 10/30/1998 WHICH IS A CIP OF 08/680,376 07/15/1996 PAT 5,840,737				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY MO	SHEETS DRAWING 2	TOTAL CLAIMS 22
				INDEPENDENT CLAIMS 8
ADDRESS JOSEPH A MAHONEY SONNENSCHN NATH & ROSENTHAL P.O. BOX # 061080 WACKER DRIVE STATION, SEARS TOWER CHICAGO ,IL 60606-1080				
TITLE NOVEL SUBSTITUTED BENZIMIDAZOLE DOSAGE FORMS AND METHOD OF USING SAME				
FILING FEE RECEIVED 558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Bib Data Sheet

CONFIRMATION NO. 5317

SERIAL NUMBER 09/481,207	FILING DATE 01/11/2000 RULE	CLASS	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. 40015630-003	
APPLICANTS JEFFREY OWEN PHILLIPS, ASHLAND, MO;					
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/183,422 10/30/1998 WHICH IS A CIP OF 08/680,376 07/15/1996 PAT 5,840,737					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE ** SMALL ENTITY ** GRANTED ** 02/15/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		STATE OR COUNTRY MO	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 8
ADDRESS JOSEPH A. MAHONEY MAYER, BROWN & PLATT P.O. BOX 2828 CHICAGO, IL 60690-2828					
TITLE NOVEL SUBSTITUTED BENZIMIDAZOLE DOSAGE FORMS AND METHOD OF USING SAME					
FILING FEE RECEIVED 7167	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees		
			<input type="checkbox"/> 1.16 Fees (Filing)		
			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
			<input type="checkbox"/> 1.18 Fees (Issue)		
			<input type="checkbox"/> Other _____		
			<input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/481,207	01/11/00	424	1615	40015630-003

APPLICANT

JEFFREY OWEN PHILLIPS, ASHLAND, MO.

****CONTINUING DOMESTIC DATA*******

•VERIFIED THIS APPLN IS A CIP OF 09/183,422 10/30/98
WHICH IS A CIP OF 08/680,376 07/15/96 PAT 5,840,737

yes g.j.

****371 (NAT'L STAGE) DATA*******

VERIFIED

none g.j.

****FOREIGN APPLICATIONS*******

VERIFIED

none g.j.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/15/00 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MO	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 8
Verified and Acknowledged <i>g.j.</i> Examiner's Initials		Initials			

ADDRESS

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~~233 SOUTH WACKER DRIVE~~ *Wacker Drive Station, Sears Tower*
CHICAGO IL 60606-~~6484~~ *1080*

TITLE

NOVEL SUBSTITUTED BENZIMIDAZOLE DOSAGE FORMS AND METHOD OF USING SAME

FILING FEE RECEIVED \$558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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